09 9:40; 25 PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) NUMBER EXTRA RATE FEE FOR NUMBER FILED RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) X \$ minus 20 = X S OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X \$ = OR X S (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR TOTAL OR TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS_AS AMENDED – PART II OTHER THAN (Column 3) (Column 1) (Column 2) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST ⋖ PRESENT RATE RATE ADDI-REMAINING NUMBER ADDI-ENT **AFTER PREVIOUSLY EXTRA** TIONAL TIONAL FEE FEE AMENDMENT PAID FOR Total Minus ENDM X S OR (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) Minus = X \$ OR Ξ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST $\mathbf{\omega}$ NUMBER **PRESENT** RATE ADDI-RATE ADDI-REMAINING **EXTRA** TIONAL TIONAL **AFTER PREVIOUSLY** ENDMENT FEE FEE PAID FOR AMENDMENT Minus Total (37 CFR 1.16(c)) X \$ OR Independent (37 CFR 1.16(b)) Minus X S X \$ = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT RATE () RATE ADDI-ADDI-REMAINING NUMBER TIONAL **EXTRA** ENT **AFTER** PREVIOUSLY TIONAL AMENDMENT PAID FOR FEE FEE ENDME Total Minus = OR (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) Minus X \$_ = X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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